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Items of Interest:

Extreme cold. What constitutes extreme cold and its effects can vary across different areas of the country. In regions relatively unaccustomed to winter weather, near freezing temperatures are considered "extreme cold." Whenever temperatures drop decidedly below normal and as wind speed increases, heat can leave your body more rapidly. These weather related conditions may lead to serious health problems. Extreme cold is a dangerous situation that can bring on health emergencies in susceptible people, such as those without shelter or who are stranded, or who live in a home that is poorly insulated or without heat. During periods of extreme cold, stay indoors and exercise, if possible. Though you may hate running on a treadmill, for your health's sake, exercising indoors may be the best idea. If you must go outside, wear layered clothing. Limit your time outdoors. Wear a head covering, and cover your face, neck and hands. For more information, visit www.cdc.gov

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Camp Pendleton Medical Battalion Provides Care to Military, Civilian Iraqis

By Mass Communication Specialist Seaman Kenneth R. Hendrix, Navy Expeditionary Logistics Support

AL ASAD, Iraq - Charlie Health Services Company Al Asad detachment, 1st Medical Battalion Camp Pendleton, Calif. of Combat Logistics Regiment 15, has operated on more than 200 patients and completed more than 400 Level II resuscitations from August to December 2006 in support of Operation Iraqi Freedom.

According to Cmdr. Richard Sharpe, detachment officer-in-charge, the company's mission is to provide Level II care, which is the first echelon of care that surgical resuscitation can be performed.

"We take care of everyone that is brought to us, which includes U.S. Armed Forces, Coalitions

forces, Iraqi Security Forces-- mainly Iraqi Army and Iraqi Police-- Iraqi civilian men, women and children and detainees; whoever is brought to us, we treat," Sharpe said.

"The patients are from Level I facilities, which are battalion aid stations, shock trauma platoons or directly from the battlefield to here," he added.

Like doctors, Navy nurses and corpsmen take a solemn pledge to take care and treat all injured, regardless of nationality, treating all equally.

"It's not a struggle to treat everybody equally, but there is something there that you feel and see, knowing that if this detainee was

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CAMP TAQADDUM, Iraq - Adm. Michael G. Mullen, Chief of Naval Operations, witnesses doctors performing a surgery at Taqaddum Surgical during a visit at Camp Taqaddum, Iraq, Dec. 23, 2006. The visit to the camp was part of a tour through Al Anbar Province where Mullen and Master Chief Petty Officer Joe R. Campa Jr., Master Chief Petty Officer of the Navy, met and greeted Sailors fighting in support of Operation Iraqi Freedom. *U.S. Marine Corps photo by Lance Cpl. Ryan L. Tomlinson*

Patient Care System Aims to Reduce Medical Errors

By Gerry J. Gilmore, American Forces Press Service

WASHINGTON – The Defense of Department (DoD) has trained thousands of military health care providers to employ a quality management system that's designed to minimize human errors in hospital operating and delivery rooms, a senior defense official said Jan. 11.

The Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) program stresses teamwork and communication among doctors, nurses and other healthcare givers to improve quality, safety and efficiency across military health care, Dr. David N. Tornberg, deputy assistant secretary of defense for clinical and program policy, said during an interview with the Pentagon Channel and American Forces Press Service.

"Providing the optimum, cutting-edge care to our beneficiaries is what this is all about," he said. "I'm proud to say that the department of defense and the military health care system are absolute leaders in enhancing a culture of safety in our military treatment facilities."

Use of TeamSTEPPS creates "an environment where people broadly communicate and have a clear understanding of the goals and objectives of the team," he said.

"Establishing a culture of patient-centered care

through the use of teamwork and enhanced communication among health care employees is absolutely vital, Tornberg said. "Miscommunication clearly is associated with medical errors," he said.

More than 5,000 health care givers at more than 80 military treatment facilities in the continental U.S. have received TeamSTEPPS instruction in the last three years, Tornberg said. And now, about 1,000 trainers and coaches are teaching the concept at other military hospitals and clinics, he said.

The program has been "incredibly well-received" by military health care givers, Tornberg said.

"The training system was developed from more than 20 years of experience in the aviation, military, nuclear power, healthcare, business and other safety-conscious industries," Tornberg said.

DoD is now collaborating with the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality to make TeamSTEPPS available to the public health care industry, he said.

The military health system operates 72 hospitals and more than 500 medical and dental clinics administering care to more than 9.3 beneficiaries, according to DoD documents.

Japanese Doctors Tour USS Essex

By Mass Communication Specialist
Seaman Michael Lantron, USS Essex
Public Affairs

SASEBO, Japan - USS Essex (LHD 2) hosted 18 Japanese doctors from the Sasebo community Dec. 23 to demonstrate the ship's medical capabilities as well as its ability to provide air and sea support used during disaster relief operations.

According to Lt. Scott Margraf, of the Sasebo Branch Medical Clinic, sharing knowledge and capabilities will give confidence to the doctors in Sasebo if a disaster were to hit Japan. Essex played a key role in disaster relief after a tsunami hit Indonesia in 2004.

"If there is ever a disaster in the Sasebo area, we would need to pool our resources. It's imperative to know ahead what medical capabilities each other has," said Margraf.

Cmdr. Brett V. Sortor, USS Essex Senior Medical Officer, also emphasized the importance of joint cooperation between the U.S. Navy and the Sasebo community.

"We rely on Japanese health care to take care of patients in their hospitals," said Sortor.

While Essex's primary mission is to conduct prompt and sustained combat operations at sea, its secondary mission is to serve as a hospital during humanitarian missions and disaster relief. Essex has more than 320 beds for patients, a 14-bed intensive care unit and two operating rooms.

"With all our capabilities, Essex is like a small community hospital. It's amazing when people see we have more capabilities than most hospitals of comparable size," said Sortor.

"The intensive care unit (ICU) and operating rooms were really interesting to me," said Sadahiro Asai, a Japanese pulmonologist at SoGo Hospital in Sasebo. "I really appreciate and am thankful for the opportunity to come onboard and tour the ship."

The relationship between Essex and its surrounding community is a vital part of military operations.

This visit aboard Essex was another step in the ongoing process of integrating U.S. Navy assets into the Sasebo community.

"There is a Japanese word, *nemawashii*, which means 'root binding'," said Margraf, describing the cultural process of gaining approval for decisions before the decision-makers complete the decision. "In order to work together, we must have visits like this where we learn *nemawashii*."

Essex is part of the flagship Essex Expeditionary Strike Group (ESXESG), operating out of Sasebo, Japan; which serves under Commander, Expeditionary Strike Group (ESG) 7/Task Force (CTF) 76, the Navy's only forward-deployed amphibious force. Task Force 76 is headquartered at White Beach Naval Facility, Okinawa, Japan, with an operating detachment in Sasebo, Japan.

Winkenwerder: Military Health Care Making Advances

By Army Sgt. Sara Wood American Forces Press Service

WASHINGTON - The military has made tremendous advances in health care in the last decade and specifically since the start of the wars in Iraq and Afghanistan, the top Defense of Department (DoD) official for health care said Dec. 2006.

"Body armor, eyewear, new surgical techniques and improved medical data collection in this conflict have all contributed to the lowest "killed-in-action" rate in history," said Dr. William Winkenwerder, Jr., assistant Defense secretary for Health Affairs, in a roundtable discussion with retired military analysts.

"The killed-in-action rate for Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) is 12.5 percent versus 18.6 percent for the first Gulf War and Vietnam, and 25.3 percent for World War II,"

he said. The killed-in-action percentage measures the number of service members killed out of the number wounded.

"Basic stuff is making a difference. Obviously, it doesn't save every injury, but it mitigates a lot of the injuries," Winkenwerder said. As of Dec. 2, more than 23,000 service members had been wounded in Iraq and Afghanistan, he said. Of those, 55 percent returned to duty within 72 hours, he pointed out. "People miss that, and I think it's an important thing," he said.

Winkenwerder pointed out some other surprising statistics: of the 37,058 service members medically evacuated from the U.S. Central Command area of operations as of Dec. 4, 59 percent have been for disease and 21 percent for non-battle injuries; also, as of Nov. 1, the war on terror has produced 760 amputees, of which 500 lost a limb, hand or foot, and 260 lost fingers

or toes only.

"A major issue in this conflict has been post traumatic stress disorder," Winkenwerder noted. The best statistics on post traumatic stress disorder come from an Army study done on Soldiers and Marines returning from their first or second rotations in Iraq or Afghanistan, in which the rate of service members who screened positive for the disorder on a questionnaire was 12 percent, he said. He noted, however, that the pre-deployment rate was about 7 or 8 percent.

"To provide better mental health care for service members, the military now does a pre-deployment screening, a post-deployment screening, and a follow-up screening three to six months after troops return," Winkenwerder said. "This follow-up assessment is important,

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Medical Battalion continued...

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awake right now he could try to hurt you, but you're trying to protect him," said Lt. Alecia Gende, an in-route care nurse.

"You're risking your life and all the crew on that helo to take this guy who is trying to kill us essentially, to the next level of care so we can prevent him from dying," Gende said.

The corpsmen function a lot more independently here and for junior corpsmen like Hospital Corpsman (FMF) René Acerosalazar who is grateful for the training he receives and the experience.

"I didn't like doing stitches at first because it's intimidating with the patient looking at you and I would get nervous," Acerosalazar said. "But, the nurses and experienced corpsmen let me know the patient doesn't feel anything and not to worry. It's good to know they're here for me."

First-time deployed Hospital Corpsman 1st Class (FMF) Brandi Collins, who has previously served as a histology technician and independent duty corpsman, shared one of her profound moments in the emergency trauma room.

"We had a gentleman that we had to start cardiovascular pulmonary resuscitation (CPR) right as he got off the helo because he was crashing. It was the first time I performed CPR since graduating from school. I jumped on top of the gurney, started CPR and rode in with him



AL ASAD, Iraq - Hospital Corpsman 3rd Class Aloen Delapena, assigned to the 1st Medical Battalion, Camp Pendleton, applies clean bandages to a wound on the face of an Iraqi citizen, Dec. 20, 2006. U.S. Navy photo by Mass Communication Specialist Seaman Kenneth R. Hendrix

from the helo pad to operating room," Collins said.

The battalion has a full-time interpreter on staff to help communicate with the Iraqi citizens.

"The interactions we have with the Iraqi patients is very positive," said Sharpe. "They appreciate the fact that we are here to take care of them, no matter who they are."

Bethesda Sailors Prepare for Mission

By Mass Communication Specialist
2nd Class Heather Weaver, National
Naval Medical Center Bethesda

BETHESDA, Md. - The National Naval Medical Center is deploying Sailors as individual augmentees (IAs) to meet the high demands of the U.S. armed forces. According to the Chief of Naval Operations, Adm. Michael G. Mullen, 46,000 IAs have deployed to joint and coalition commands since the beginning of Operation Enduring Freedom in 2001. Currently, there are approximately 10,000 Sailors deployed globally with more than half coming from the Reserves.

Hospital Corpsman 1st Class (AW) William Triplett, leading petty officer for 5 East and Nursing Services, said performing well on a deployment is easy as long as the mobilized Sailor prepares himself physically, mentally and intellectually throughout the year.

"I prepare year-round because being in the military means you always have to be ready," Triplett said. "I do the Navy Knowledge Online (NKO) courses ahead of time and I always make sure my readiness status is up to date. I'm always mentally ready. It's my job as a U.S. Navy Sailor to support any mission that comes my way; that is what I signed up for."

Bethesda has mobilized more than 500 personnel in support of missions worldwide since January of this year. Triplett said the hospital

is able to continue operations despite deployments because hospital staff members work as a team.

"If I were in the field all by myself or anywhere, I'd have to be flexible and I think that is what they will do here," he said. "As long as people do cross-training and prepare their replacements ahead of time, things will be fine. Preparation and training are the keys for success."

Lt. John Seavey, assistant department head of Contingency Operations, said Bethesda continues to provide successful staff members to missions because of the versatility of the command's Sailors.

"A lot of Sailors are going to do jobs that are in a different work environment than they are used to. We're not sending anyone in unprepared though, as they go through the ... training pipeline and receive the training in route," he said. "But, it does demonstrate our Sailors versatility. Like everything, there is a learning curve. But, by all measures, I think we are preparing our Sailors to do well on these missions."

Seavey and his Contingency Operations staff members act as a team to support the mobilizing Sailors with pre-deployment requirements.

"We're sort of the cross roads of a lot of this," he said. "Once we have identified a person to fill the billet, it's our staff's job to help

track, prepare and make sure that person is getting all of their pre-deployment requirements completed. We are a support staff for the Sailors. We're the staff members that help them prepare to deploy."

Bill Meekins, National Capital Area Contingency and Readiness Coordinator, said he receives tasking requirements from the Bureau of Medicine and Surgery when they need an IA. He identifies the hospital that can best absorb a deployment, then that hospital's leaders determine which Sailor will go.

Sailors also have to prepare their families for their absence. Hospital Corpsman 1st Class (SW) Joan Tripp said she explained an upcoming Djibouti deployment to her daughters in terms children can understand.

Tripp added she is doing research on the deployment to prepare herself before going.

"I've also been preparing myself physically," Tripp said. "I got myself a nice backpack and filled it with water and books. I walk back and forth to my truck which is probably close to a mile from my office. It weighs about 35 to 45 pounds. The instruction IAs on NKO says you should be able to walk at least two miles with 50 pounds on your back. I'm making sure I'm physically and mentally prepared to do that."



AL ASAD, Iraq - Lt. Cmdr. Thomas Friedrich, assigned to the 1st Medical Battalion, Camp Pendleton, performs a medical evaluation on an Iraqi citizen, Dec. 20. The 1st Medical Battalion provides level II care, which is surgical resuscitation to U.S. Armed Forces, coalition forces, Iraqi security forces and civilians in support of the global war on terrorism. *U.S. Navy photo by Mass Communication Specialist Seaman Kenneth R. Hendrix*

SimMan Joins Amphib Fleet To Revolutionize Medical Training

By Mass Communication Specialist
2nd Class Dustin Mapson, USS Bon-
homme Richard Public Affairs

SAN DIEGO - Expeditionary Strike Group 5 recently introduced a Simulated Man, or SimMan, a revolutionary training mannequin for use in casualty training scenarios.

According to Cmdr. Michael A. Nace, Deputy Group Surgeon for Commander Amphibious Group (CPG) 3, the SimMan is a major step forward in preparing deck plate Sailors and medical personnel alike in emergency life saving procedures.

"It can be used to train, educate and reinforce the capabilities of the entire medical department," said Nace.

According to the manufacturer, SimMan's natural physique, simulated vital signs and internal body sounds combine with functionality to make this advanced patient simulator ideal for training on everything from intravenous (IV) needle insertion to realistic practice of chest tube insertions.

The ultimate goal of SimMan is improving medical training and response to casualties across the ESG, from top to bottom. "Everyone from the basic stretcher bearer to

the surgeons can benefit," Nace said.

Lt. Rhonda Bennett, Fleet Surgical Team (FST) 9's Critical Care Nurse, said SimMan's humanlike features allow trainers and trainees alike to practice IV injections in the replaceable IV training arm, take vital signs on a simulated pulse at multiple points on the body, and simulate clearing the mannequin's realistic airway.

"The lifelike features make the in theory part of training virtually disappear," said Bennett. "SimMan is so realistic it is almost like training on a real person."

"We no longer have to train in theory or on lifeless mannequins. This is real life hands-on training."

According to Bennett, the multifaceted capabilities of SimMan create a training environment far more advanced than what was available on previous training mannequins.

"This is an exciting new way to train," she said, who recently completed a SimMan training program in Sarasota, Fla. "We can now train in real life scenarios that will better equip every Sailor to be first responders to medical emergencies"

The ultimate goal for Nace, the ESG and the fleet is for SimMan to increase medical readiness across

the waterfront.

"The technological advances have made this level of training available to all hands and will be available for a variety of training environments," he said.

"The training possibilities are unlike anything we have seen in previous training mannequins," said Nace. SimMan provides realistic training feedback previously unavailable on earlier model training aids.

Hospital Corpsman 2nd Class (SW) Nathan Hagman, a Bio Medical Technician aboard USS Bonhomme Richard (LHD 6) which recently acquired SimMan, said the integrated computer system continually monitors the treatment conducted on SimMan and generates multiple real time and after action reports.

The SimMan computerized training mannequin is currently in use across the military and has been integrated into the training curriculum at hospital corpsman "A" school at Navy Hospital Corpsman School, Great Lakes. The BHR medical staff expects to provide training utilizing this revolutionary device to ships across the ESG starting early next year.

Winkenwerder continued...

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because many troops don't report problems right after a deployment, but these problems surface later," he said.

These extra assessments give military officials more data to work with when analyzing mental health trends and developing new programs to help service members, Winkenwerder said.

"It's a real profile of what's going on with our people that we did not used to have and it's allowed us to develop new programs to reach out where the need is," he said.

Another area that has seen no-

table progress is amputee rehabilitation, Winkenwerder said. Of the total number of amputees, 25 percent have been returned to duty. "The spirit there is unbelievable," he stated.

According to Winkenwerder, more improvements are on the way for military health care, as the new Walter Reed National Military Medical Center is built. The building will be next to the Uniformed Services University of the Health Sciences and across the street from the National Institute of Health, creating a collaborative environment that will lead to new and better healthcare for troops, he said.



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